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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | | |
| All fields are mandatory. | | | | | | | | | | | | | | | | | | |
| Property/project details | | | | | | | | | | | | | | | | | | |
| Lot/portion number | |  | | | | Address | | |  | | | | | | | | | |
| Building or plumbing permit number | | | | | | |  | | | | | | | | | | | |
| Work completed date | | | |  | | | | | | | | | | | | | | |
| Type of certification – mark with X (select one only) | | | | | | | | | | | | | | | | | | |
| Design only | | | | | | | | | | | | | | | | | |  |
| Installation only | | | | | | | | | | | | | | | | | |  |
| Design and installation | | | | | | | | | | | | | | | | | |  |
| Type of works – mark with X (select one only) | | | | | | | | | | | | | | | | | | |
| Installation of a new wastewater management system | | | | | | | | | | | | | | | | | |  |
| Replacement of an existing wastewater management system | | | | | | | | | | | | | | | | | |  |
| Description of work - clearly detail all work carried out on site | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Wastewater management system (WMS) details\* | | | | | | | | | | | | | | | | | | |
| Type of WMS – mark with X | | | | | | | | | | | | | | | | | | |
| Secondary treatment system | | | | | | | | | | | | | | | | | |  |
| Greywater treatment system | | | | | | | | | | | | | | | | | |  |
| Septic system | | | | | | | | | | | | | | | | | |  |
| Holding tank | | | | | | | | | | | | | | | | | |  |
| Composting / hybrid toilet | | | | | | | | | | | | | | | | | |  |
| Other / alternative treatment system | | | | | | | | | | | | | | | | | |  |
| **Effluent disposal or land application method – mark with X** | | | | | | | | | | | | | | | | | | |
| Absorption trench/bed | | | | | | | | | | | | | | | | | |  |
| Evapotranspiration – absorption (ETA) trench/bed | | | | | | | | | | | | | | | | | |  |
| Mound system | | | | | | | | | | | | | | | | | |  |
| Spray irrigation | | | | | | | | | | | | | | | | | |  |
| Shallow subsurface drip irrigation | | | | | | | | | | | | | | | | | |  |
| Low pressure effluent distribution (LPED) | | | | | | | | | | | | | | | | | |  |
| Recirculating evapotranspiration system | | | | | | | | | | | | | | | | | |  |
| Pump out from holding tank to an approved facility | | | | | | | | | | | | | | | | | |  |
| Other | | | | | | | | | | | | | | | | | |  |
| Make/Model and capacity of the WMS | | | | | | | | | |  | | | | | | | | |
| Wastewater design flow to be serviced by the WMS (L/day) | | | | | | | | | | | | |  | | | | | |
| Design loading rate (DLR) / Design irrigation rate (DIR) used for sizing of land application area (mm/day) | | | | | | | | | | | | |  | | | | | |
| Effective area of land application area | | | | | | | | | | | | |  | | | | | |
| NT product approval | | | | | Approval no | | | | | |  | | | Expiry | | |  | |
| Did the work involve a performance solution? (refer to NCC) | | | | | | | | | | | | | | Yes / No | | | | |
| Documents attached | | | | | | | | | | | | | | | | | | |
| You must provide the following with this certificate:   * design plan/s showing: * the location of the installation of the Wastewater Management System on the Property * details of the relevant setback distances to site features as per the Code of Practice for Wastewater Management   + the design and size of the land application area, e.g. size of absorption trench, size of irrigation disposal area   + direction of site slope - if applicable * a copy of the site and soil evaluation report * where the installation does not comply with the deemed-to-satisfy requirements of the Plumbing Code of Australia and is considered a performance solution, provide evidence of design and certification by a registered Certifying Engineer (Hydraulic). | | | | | | | | | | | | | | | | | | |
| Drawing/s of WMS | | | | | | | | Yes / No | | | | Drawing no. | | |  | | | |
| Copy of site and soil evaluation report | | | | | | | | Yes / No | | | | Reference | | |  | | | |
| Certificate of compliance – Hydraulic design / construction for performance solution | | | | | | | | Yes / No | | | | Reference | | |  | | | |
| Certification by plumber and drainer | | | | | | | | | | | | | | | | | | |
| I certify that the design and/or installation of the wastewater management system has been completed in accordance with the requirements of the *Building Act* *1993*, including the Plumbing Code of Australia and Code of Practice for Wastewater Management. | | | | | | | | | | | | | | | | | | |
| If you’re certifying on behalf of the company, fill in section A. If not, fill in section B. | | | | | | | | | | | | | | | | | | |
| Section A. Company and nominee details | | | | | | | | | | | | | | | | | | |
| Company name | | |  | | | | | | | | Company NT registration no. | | | | |  | | |
| Nominee name | | |  | | | | | | | | Nominee NT registration no. | | | | |  | | |
| Signature | | |  | | | | | | | | Date | | | | |  | | |
| Section B. Individual details | | | | | | | | | | | | | | | | | | |
| Individual name | | |  | | | | | | | | Individual NT registration no. | | | | |  | | |
| Signature | | |  | | | | | | | | Date | | | | |  | | |
| How to submit You must submit a copy of this certificate and attachments to the:   * building certifier - for work involving a building permit; or * Director of Building Control - for plumbing only work (where applicable) within 7 days of the completed work via [bas.files@nt.gov.au](mailto:bas.files@nt.gov.au) * owner * plumber and/or designer to retain a copy   For more information, contact Building Advisory Services on 08 8999 8985 or email [bas@nt.gov.au](mailto:bas@nt.gov.au) | | | | | | | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | | | | | | | |